

RECEIVED

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

OCT 03 '04

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER	2. DATE		
<i>Well Rapids Tribune</i>		10-1-04	
3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE \$	
<i>Weekly</i>	<i>52</i>	<i>37.00</i>	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)			
<i>414 S 4th St Well Rapids SD 57022</i>			
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)			
<i>PO Box 5034 Sioux Falls SD 57117</i>			
6. FULL NAME OF PUBLISHER:	<i>Arnold H. Garson</i>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)	FULL NAME <i>Prairie Publications</i> COMPLETE MAILING ADDRESS <i>PO Box 5034 SD 57117</i>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)	<i>None</i>		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE	
A. TOTAL NO. COPIES (Net Press Run)	<i>1364</i>	<i>1368</i>	
B. PAID AND/OR REQUESTED CIRCULATION			
1. Sales through dealers and carriers, street vendors and counter sales.	<i>326</i>	<i>340</i>	
2. Mail Subscription (Paid and or requested)	<i>886</i>	<i>863</i>	
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	<i>1212</i>	<i>1203</i>	
D. FREE DISTRIBUTION			
1. BY MAIL, CARRIER OR OTHER MEANS	<i>0</i>	<i>0</i>	
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	<i>36</i>	<i>50</i>	
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	<i>1248</i>	<i>1253</i>	
F. COPIES NOT DISTRIBUTED			
1. Office use, left over, unaccounted, spoiled after printing	<i>56</i>	<i>65</i>	
2. Return from News Agents	<i>160</i>	<i>50</i>	
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	<i>1364</i>	<i>1368</i>	

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Jacqueline Zimmerman
(Signature)

Jacqueline Zimmerman
(Title)

Sworn to before me, this 5 day of Oct., 2004

J. Zimmerman
Notary Public

My commission expires: 12/22/09

State of South Dakota

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County of Minnehaha

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(Seal)

